

8/26/2021  
 F 18000002942  
 Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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((H21000320263 3))



H21000320263ABCT

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To: Division of Corporations  
 Fax Number : (850)617-6380

From: Account Name : UNITED AGENT GROUP INC.  
 Account Number : I20160000086  
 Phone : (561)508-5033  
 Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

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**REGISTERED AGENT CHANGE  
 HC2 LPTV HOLDINGS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HC2 LPTV HOLDINGS, INC.
2. The principal office address: 450 Park Avenue, 29th Floor, New York, NY 10022
3. The mailing address (if different): 450 Park Avenue, 29th Floor, New York, NY 10022
4. Date of incorporation/qualification: 06/22/2018 Document number: F18000002942
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

UNITED AGENT GROUP INC.  
801 US HIGHWAY 1  
P.O. Box NOT acceptable  
NORTH PALM BEACH, FL 33408

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
 Signature of an officer or director Adia Myles, Attorney-in-fact  
 \_\_\_\_\_  
 Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

\_\_\_\_\_  
 Signature of Registered Agent 08/26/2021  
 \_\_\_\_\_  
 Date

If signing on behalf of an entity:  
Adia Myles, Special Secretary  
 \_\_\_\_\_  
 Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
 CR2E045 (04/13)